



Home

Welcome to the Registration and Evaluation System (RES)  
Please select a form below to begin

- \* [Course Registration Form](#)
- \* [Course Evaluation Form](#)

**1** Select Course Registration Form

### Top Frequently Asked Questions

**Q1. Why do I need to register for class?**  
Course registration is required to certify you have attended the course.

**Q2. Is there a deadline registration date?**  
Registration occurs on the first day of class.

**Q3. How do I get a Class ID?**  
Your training provider will give you with a Class ID on the first day of class. If you missed the first day, please contact your training provider.

**Q4. What should I do if the information that appears when I enter my Class ID or FEMA SID is incorrect?**  
For additional help, please contact the Center for Domestic Preparedness Student Services  
(256) 847-2132  
(866) 213-9553  
[studentservices@cdpemail.dhs.gov](mailto:studentservices@cdpemail.dhs.gov)

Home > Choose Class

Choose Class

Please enter your Class ID here:

**2** Enter Class ID

**3** Click Submit

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### Course Registration Form

\* Fields displayed in \*bold are required and must be completed.

Part 1: Course Information

Training Provider:   
 Course ID:   
 Training Method:   
 Start Date:  End Date:   
 Start Time:  End Time:  Course Length (in #):   
 State:  City:  Zip Code:

Instructor Point of Contact  
 First Name:  Last Name:

Part 2: Student Information

Please enter your FEMA SID to auto-populate your existing data:

If you do not have a FEMA SID, register for one [here](#).

**4** Enter FEMA SID ID or apply for one

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Part 1: Course Information

Training Provider:   
 Course ID:   
 Training Method:   
 Start Date:  End Date:   
 Start Time:  End Time:  Course Length (in # of hours):   
 State:  City:  Zip Code:

Instructor Point of Contact  
 First Name:  Last Name:

Part 2: Student Information

Please enter your FEMA SID to auto-populate your existing data:

If you do not have a FEMA SID, register for one [here](#).

First Name:  Last Name:   
 Agency:   
 Job Title:   
 Work Address:   
 Home Address 2:   
 Work Phone:   
 State:  City:  Zip Code:   
 Level of Government:  Occupation:   
 Email Address:

**5** Review pre-populated forms for accuracy

**6** Click Submit

**7** Click OK

Message from webpage

Are you sure you are ready to submit this registration form?

Thank you for successfully submitting the Course Registration Form.

[Return to form selection page.](#)

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